The current state of Health Links

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ABSTRACT

Health Links is a model of care focused on integrating efforts across the spectrum of health and social service providers in the province of Ontario. Health Links is driven by government policy and has been implemented by leveraging a local, flexible approach. As a recent initiative, existing documentation on Health Links is comprised largely of fragmented organizational and procedural documents (often called grey literature). This paper aims to fill crucial knowledge gaps by introducing the Health Links approach to care, providing a high-level overview of key processes and stakeholders, and discussing the evolution of the Health Links approach.

INTRODUCTION

Health Links is an approach that aims to integrate the health and social requirements of patients with complex needs under one umbrella, in an effort to improve care and reduce costs.¹ The Health Links approach is intended to embed tools and processes that allow for a deeper level of coordination within the existing health system infrastructure. Health Links is designed to bring together multiple clinical and social service providers to leverage a team-based approach, extend beyond organizational boundaries, and create care plans for individuals with multiple comorbidities and complex care needs. To decrease health care utilization, Health Links aligns patients with primary care providers and increases communication across sectors by facilitating relationships and providing information sharing tools.² This approach is positioned at the forefront of Ontario's commitment to transform patient care through a *Patients First* approach.^{3,4} The Health Links approach was first launched in December 2012 and has expanded to include 82 Health Links across Ontario.⁵ Early adopters have provided tangible knowledge and best practices that are being used to inform the evolution of this model.⁵

TARGET POPULATION

Integrated care and coordinated care planning is most beneficial to individuals with complex care needs, who utilize an array of services from multiple providers.⁶ The Ministry of Health and Long-Term Care (MOHLTC) defined the Health Links target population as individuals with four or more comorbidities and/or those who are negatively impacted by the social determinants of health.⁴ This population accounts for 5% of Ontario's populace and use 66% of all health care resources. Targeting individuals with four or more comorbidities strikes a balance between capturing current high-cost users and those who are at risk of becoming high-cost users of the health care system.⁴

COORDINATED CARE PLANNING

The Health Links approach uses Coordinated Care Planning as the process to bring patients and their care providers together to articulate goals and develop a plan to achieve positive patient outcomes.⁷ Health Quality Ontario (HQO) described five steps of Health Links as: patient identification, patient invitation, initial patient interview, care conference, maintenance and transitions.⁸⁻¹¹

Patient Identification: Multiple avenues of identifying the target population are utilized with an aim to ensure equitable access to coordinated care. Currently emergency department and hospital admission data, Community Care Access Centres (CCACs) and primary care providers are common methods of identification.

Patient Invitation: Once an individual is identified, their consent is sought. It is most effective when a care provider who has an existing relationship with the individual introduces the concept and obtains consent.

Initial Patient Interview: After consent is acquired, an initial patient interview is held. The interview is led by a Lead Care Coordinator. The purpose is to understand the patient's perspective. The goal is to have patients articulate their goals, and together with the Lead Care Coordinator, identify a Care Team.

Care Conference: The Care Conference provides an opportunity for the entire identified Care Team to come together and formulate a care plan that will enable the patient to meet their elicited goals.

Maintenance and Transitions: During this phase, the patient interacts with providers more efficiently. Established best practices in this phase of Coordinated Care Planning include; medication reconciliation, assessment of health literacy and patient learning initiatives. The Care Team remains connected through the Coordinated Care Plan, which is updated as necessary.

The main tangible output of the Health Links approach is the Coordinated Care Plan (CCP), which is a standardized tool that places the patient at the center of the approach. The tool has been adopted by 79% of Health Links across the province.¹² As Health Links focuses on providing integrated, holistic care, the CCP is designed to address both health and social needs. It aims to identify a range of patient goals, coordination requirements and identifies the responsibilities of individual providers in the care team.¹² Between patient identification and the care conference, a lead care coordinator is identified. The role of the lead care coordinator often falls to the health professional that is either responsible for the greatest amount of that patient's care or is expected to be involved with that patient for the longest period of time.¹³ Ideally, Coordinated Care

Planning enhances collaborative relationships between providers and across sectors with the intent of transcending the individualized CCP, and leads to systemic transformation and a more integrated health system.¹⁴

Table 1. Organizational involvement in Health Links

	ORGANIZATION	ROLES
BREADTH OF KNOWLEDGE ↑	Provincial involvement	<ul style="list-style-type: none"> • MOHLTC • Devised the philosophy of care and launched the initiative in early 2012 • Outline the provincial direction for Health Links including the dissemination of best practices • Establish evolution framework in response to experiential learning • Provincial oversight of the initiative through reporting and third party evaluation
		<ul style="list-style-type: none"> • Health Quality Ontario • Responsible for the evaluation and quality improvement initiatives surrounding Health Links across the province
		<ul style="list-style-type: none"> • LHINs • Responsible for facilitating and overseeing the development of Health Links across corresponding jurisdictions • Report on performance indicators to the MOHLTC
DEPTH OF KNOWLEDGE ↓	Local involvement	<ul style="list-style-type: none"> • Lead organization • Responsible for the governance, establishment, operations and performance of their individual Health Link • This includes engagement of local partners to support to implementation and spread and coordinated care planning. • Attend provincial and regional Health Links meetings
		<ul style="list-style-type: none"> • Local partners • Voluntary involvement • Once involved, partners are required to declare their commitment and act as change agents across their organizational/sectoral representation

STRUCTURE AND COLLABORATING ORGANIZATIONS

The Health Links approach is supported by a cascading set of roles and structures that vary in level of breadth and engagement. Table 1 has been provided below to outline the roles of various collaborating organizations, as well as to provide a visual representation of how the Health Links approach has been embedded into provincial, regional and local structures. The scope of this integrated initiative requires numerous stakeholders with varying levels of involvement. For example, Health Quality Ontario acts as an evaluating body by providing feedback to the MOHLTC regarding Health Links development. This feedback provides the MOHLTC with a high-level understanding of how Health Links is evolving across the province.⁴ However, Health Links knowledge is experienced differently at the local level as local actors maintain a more intimate understanding of the application of Health Links processes. Thus, provincially, the MOHLTC and Health Quality Ontario (HQO) maintain a high-level or macro understanding of Health Links progress whereas lead organizations and partners maintain an intimate depth of knowledge at the local level.

EVOLUTION

The Health Links approach was introduced by the MOHLTC in 2012 as an innovative approach to Coordinated Care Planning for individuals with complex health and social needs.¹ Initially a 'low rules' approach was taken by the MOHLTC to enable Health Links to align with local needs and contextual environments.¹ This 'low rules' setting gave early adopters the flexibility to implement the approach based on their unique structures and contexts. By allowing for a locally-driven approach, early adopters identified and outlined best practices through experiential learning.⁴ While this latitude for flexibility and creativity encouraged innovation in early phases, it also led to wide variability in terms of governance and patient identification.⁴ In recognition of these limitations, and to minimize the resulting variability in processes between *Health Links*, the Ministry developed the *Advanced Health Links Model* in 2015.⁴ The *Advanced Health Links Model* aims to standardize and systematically embed the emerging best practices that are designed to support large-scale spread and sustainability.¹² As the Health Links approach continues to spread throughout Ontario, the *Advanced Model* will act as a guide in translating the small-scale success experienced by early adopters into large scale sustainability province-wide.⁴

CONCLUSION

Coordinated Care Planning is the central element of the Health Links approach to care. An increased understanding of this process enhances clarity of its use and deployment and increases awareness of the breadth of the Health Links initiative. Through Coordinated Care Planning, Health Links aims to initiate system transformation leading to a more efficient, effective and sustainable health system by targeting the 5% of the population who use the health system most frequently. A more integrated health system will enable providers to better support individuals with complex care needs. How-

ever, there remains a lack of rigorous empirical review, this coupled with the fragmented nature of available literature on the Health Links approach, produces large gaps in knowledge and understanding. Further evaluation is required at local, regional and provincial levels to better understand the impact of the Health Links approach to care.

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